



African Federation for Emergency Medicine

African Journal of Emergency Medicine

www.afjem.com
www.sciencedirect.com



EDITORIAL

In this issue...



Attempting to provide coverage of African acute care research, that is also freely accessible, but not published in AfJEM, has been somewhat of a challenge. The problem we face is that many African authors publish their research in international journals which then ends up behind those journals' subscription firewalls. Of course open access journals is an alternative however, the majority open access journals require author fees, which is simply not affordable for authors from low to middle income countries. In addition, it is also not unusual for non-African authors to publish research performed in Africa outside Africa in either of the two options mentioned above. The sad result is that good African research gets restricted from the very populations it originated from and to this end from the very region it could have had the greatest impact in. This in turn makes it just a little more difficult each time around for African acute care to really join the global knowledge economy. Research after all, should be a two-way street, especially if we are serious about knowledge translation in a low to middle income setting. Here is a snapshot of what is in store in the March 2015 issue.

Utilization of Focused Assessment with Sonography for Trauma (FAST) in a referral hospital in an acute conflict zone

Muller, et al. provide a very interesting take on triage by applying ultrasound as a sorting tool within a war zone to identify those patients that need to be expedited to theatre. Although hampered by a few biases and a smallish sample, this study provides more than what meets the eye and that is that research can be done in even the most hostile of situations despite limited resources. It also shows that research can lift up the situation of the research setting; HEAL Africa Hospital in Goma, Eastern Democratic Republic of Congo is now also the proud owners of an ultrasound capability it did not possess before.

Peer review under responsibility of African Federation for Emergency Medicine.



Production and hosting by Elsevier

Exposure to daily trauma: The experiences and coping mechanism of Emergency Medical Personnel. A cross-sectional study

Minnie, et al. make use of a mixed methods design, but lean heavily on the qualitative findings regarding emergency service personnel's coping skills. Unsurprisingly incidents involving children and death are some of the hardest hitters. Surprisingly however, is the apparent lack of training on how to deal with these traumatic incidents. Resultantly avoidance turns out to be a major coping mechanism.

The availability of alternative devices for the management of the difficult airway in public emergency centres in the Western Cape

In a country where junior clinicians are often required to deal with complex airways in the absence of experienced help Jooste, et al. provide some interesting insights in this observational study about the availability of rescue devices. The lack of appropriate alternate devices suggests a substantial governance risk in these facilities and likely a finding that can easily be extrapolated to other emergency centres throughout the country. One truth remains; that until this is addressed (likely on a political level due to cost), clinicians will need to know their way around direct laryngoscopy.

Strengthening quality of acute care through feedback from patients in Ghana

Patients say interpersonal care, prompt care, physical environment and privacy, as well as availability of drugs and equipment are the main contributors to the quality of their care in this Ghanaian setting. Sounds familiar? That is because it is uncannily similar to findings in higher income countries. This is a fascinating paper by Atinga, et al. evaluating quality in a service that has not long existed. The natural next step would be to start measuring these quality indicators and improving the service even further. This could easily become a model for quality for emergency centres in other parts of the continent.

Frequency of ultrasound in the diagnosis of ectopic pregnancy in sub-Saharan Africa countries. A systematic review

Too few systematic reviews exist that challenge the evidence for practice in Africa. This particular systematic review by Flores, et al. provides a good review of ultrasound utilisation within the setting of suspected ectopic pregnancy. Differences with higher income settings are neatly reflected in the late presentation rates. Although ultrasound certainly increases the pick-up rate it is sadly underutilised in sub-Saharan Africa. If there is one health resource that African policy makers should not skimp on, it is the availability of ultrasound. This point was already well made in Muller, et al.'s paper described above.

Neurologic emergencies in resource-limited settings: a review of stroke care considerations

Nicks, et al. provide this resource-tiered review on stroke care in Africa. Being a resource-tiered review of evidence, this paper

not only highlights the evidence behind stroke care in differently resourced settings (from thrombolysis to palliation), but also highlights the paucity in the literature in some areas which is of course open to you, the reader to turn into a research project and thus improve the plight of the patients in your charge.

Conflict of interest

The author declare no conflict of interest.

Stevan R. Bruijns
Editor in Chief African Journal of Emergency Medicine,
University of Cape Town
E-mail address: stevan.bruijns@afjem.com

Available online 28 January 2015